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DOCKET NO.: 8594-001-64

ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231

Re: Serial No.: 09/453,509
Applicant(s): Anthony BEVERINA et al.
Filing Date: December 3, 1999
For: METHOD AND APPARATUS FOR RISK MANAGEMENT
Group Art Unit: 2123
Examiner: S. BRODA

SIR:

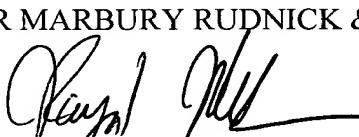
Attached hereto for filing are the following papers:

Fee Transmittal
Request for Extension of Time (Two (2) months)
Amendment (including attachment and Exhibit A)
Information Disclosure Statement
PTO-1449
Cited Documents (5)

Our check in the amount of \$195.00 is attached covering any required fees. In the event any variance exists between the amount enclosed and the Patent Office charges for filing the above-noted documents, including any fees required under 37 C.F.R. 1.136 for any necessary extension of time to make the filing of the attached documents timely, please charge or credit the difference to Deposit Account No. 50-1442. Further, if these papers are not considered timely filed, then a request is hereby made under 37 C.F.R. 1.136 for the necessary extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

PIPER MARBURY RUDNICK & WOLFE LLP


Steven B. Kelber
Attorney of Record
Registration No.: 30,073

Raymond Millien
Registration No.: 43,806

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Technology Center 2100

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FEE TRANSMITTAL

| | |
|--------------------------------|-------------------------|
| Docket No. | 8594-001-64 |
| Serial No. | 09/453,509 |
| Filing Date | December 3, 1999 |
| Inventor(s) | Anthony BEVERINA et al. |
| Group Art Unit | 2123 |
| TOTAL AMOUNT OF PAYMENT | \$195.00 |
| Examiner | S. BRODA |

| | | | | | | | | | | | | | |
|--|----------|--------------|----------|--|--|--|--|-----------------------------|------|--------------|------|--|--|
| <p>1. <input checked="" type="checkbox"/> Applicant claims small entity status.</p> <p><input checked="" type="checkbox"/> Charge any <u>UNDERPAYMENT</u> or credit any <u>OVERPAYMENT</u> in the indicated fees to Deposit Account No. 50-1442.</p> <p><input type="checkbox"/> Charge the indicated fees to Deposit Account No. 50-1442.</p> | | | | | | | | FEE CALCULATION (continued) | | | | | |
| <p>2. <input checked="" type="checkbox"/> Check enclosed.</p> | | | | | | | | 3. ADDITIONAL FEES | | | | | |
| <p>FEE CALCULATION</p> | | | | | | | | Large Entity | | Small Entity | | Fee Description | |
| <p>1. BASIC FILING FEE</p> | | | | | | | | 105 | 130 | 205 | 65 | Surcharge-late filing fee or oath | |
| Large Entity | | Small Entity | | Fee Description | | | | 127 | 50 | 227 | 25 | Surcharge-late provisional filing fee or cover sheet | |
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | | | | | 139 | 130 | 139 | 130 | Non-English specification | |
| 101 | 710 | 201 | 355 | Utility filing fee | | | | 147 | 2520 | 147 | 2520 | Ex parte reexam. fee | |
| 106 | 320 | 206 | 160 | Design filing fee | | | | 115 | 110 | 215 | 55 | 1-mo. ext. of time | |
| 107 | 490 | 207 | 245 | Plant filing fee | | | | 116 | 390 | 216 | 195 | 2-mo. ext. of time | |
| 108 | 710 | 208 | 355 | Reissue filing fee | | | | 117 | 890 | 217 | 445 | 3-mo. ext. of time | |
| 114 | 150 | 214 | 75 | Provisional filing fee | | | | 118 | 1390 | 218 | 695 | 4-mo. ext. of time | |
| SUBTOTAL (1) | | | | \$0.00 | | | | 128 | 1890 | 228 | 945 | 5-mo. ext. of time | |
| <p>2. EXTRA CLAIM FEES</p> | | | | | | | | 119 | 310 | 219 | 155 | Notice of Appeal | |
| <p>tot. claims - 20* = 0 x \$9 = 0</p> | | | | | | | | 120 | 310 | 220 | 155 | Appeal Brief | |
| <p>ind. claims - 3* = 0 x \$40 = 0</p> | | | | | | | | 121 | 270 | 221 | 135 | Request for Oral Hearing | |
| <p><input type="checkbox"/> Multiple Dependent Claims \$135 = 143</p> | | | | | | | | 142 | 1240 | 242 | 620 | Utility/Reissue Issue Fee | |
| Large Entity | | Small Entity | | Fee Description | | | | 144 | 600 | 244 | 300 | Plant Issue Fee | |
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | | | | | 122 | 130 | 122 | 130 | Petitions to the Commissioner | |
| 103 | 180 | 203 | 9 | Claims in excess of 20 | | | | 126 | 180 | 126 | 180 | IDS Submission | |
| 102 | 80 | 202 | 40 | Independent claims in excess of 3 | | | | 581 | 40 | 581 | 40 | Assignment | |
| 104 | 270 | 204 | 135 | Multiple dependent claim, if not paid | | | | 179 | 710 | 279 | 355 | For Filing RCE | |
| 109 | 80 | 209 | 40 | *Reissue independent claims over original patent | | | | 169 | 900 | 169 | 900 | Expedited Design | |
| 110 | 18 | 210 | 9 | *Reissue claims in excess of 20 and over original patent | | | | OTHER (indicate below): | | | | | |
| SUBTOTAL (2) | | | | \$0.00 | | | | | | | | | |
| * or number previously paid, if greater; For Reissues, see above | | | | | | | | SUBTOTAL (3) | | | | \$195.00 | |

| | | | | | |
|-----------|------------------|------------------|--|-----------|--------------|
| Name | Steven B. Kelber | Registration No. | | 30,073 | |
| Signature | | Date | | Telephone | 202-861-3900 |
| Name | Raymond Millien | Registration No. | | 43,806 | |